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Complete and send this form, together with applicable fee(s), to:

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							(Depositor's name
				<u> </u>			(Date
APPLICATION NO. FILING DATE		re	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/559,091 05/08/2006			Frank L. Gree			Greenway 02P01-US	1228
LE OF INVENTION: ANGIOGENIC AGENTS FROM PLANT EXTRACTS, GALLIC ACID, AND DERIVATIVES							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	PREV. PAID ISSUEE FE	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	•	\$300	\$0	\$1055	03/15/2010
EXAMINER		ART UNIT	I	CLASS-SUBCLASS			
WINSTON, RANDALL O		1655		424-725000			
FR 1.363).  Change of correspondedress form PTO/SB/1  "Fee Address" indicate Rev 03-02 or more recurred.  ASSIGNEE NAME APLEASE NOTE: Unit for recordation as set  (A) NAME OF ASSIBOARD of Superv And Agriculture.	tion (or "Fee Address" Indicent) attached. Use of a  AND RESIDENCE DA' less an assignee is identiforth in 37 CFR 3.11.  GNEE risors of Louisiana ural and Mechanic	ration form PTO/S Customer Numl TA TO BE PRIN fied below, no as Completion of th State Universal College	dence (1 al (2 at	2. For printing on the patent front page, list  (1) the names of up to 2 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Note that a patent is identified below, the document has been filed is NOT a substitute for filing an assignment.  (b) RESIDENCE CITY: (CITY and STATE OR COUNTRY)  Baton Rouge, Louisiana			
ease check the appropriate a	ssignee category or categori	es (will not be printe	ed on the pate	ent): 🖵 Individua	Corporation o	r other private group er	ntity 🛛 Government
a. The following fee(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies8			4b. Pa	Payment of Fee(s):  ☐ A check in the amount of the fee(s) is enclosed ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-0096 (enclose an extra copy of this form)			
a. Applicant claims	· · · · · · · · · · · · · · · · · · ·	s. See 37 CFR 1.				ENTITY status. See 37 CFF	R 1.27(g)(2)
OTE: The Issue Fee and Pul	blication Fee (if required) was Patent and Trademark Off	Il not be accepted frice.	n Fee (if any) com anyone o	or to re-apply any pr ther than the applicar	eviously paid issue fee to tot; a registered attorney or	the application identified above. agent; or the assignee or other p	arty in interest as shown by
uthorized Signature	-Berne JH	laci		Date	Mar	ch 3, 2010	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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Bonnie J. Davis

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